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16106512
STATE IDENTIFICATION NUMBER
(If Applicable)

ILL038409975
EPA IDENTIFICATION NUMBER

RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
TREATMENT, STORAGE, AND DISPOSAL FACILITIES
Form A - General Facility Standards

I. General Information:

(A) Facility Name: EXPORT PACKAGING COMPANY
(B) Street: 8201 WEST 42ND STREET
(C) City: ROCK ISLAND (D) State: ILLINOIS (E) Zip Code: 61201
(F) Phone: 309/757-0310 (G) County: ROCK ISLAND
(H) Operator: EXPORT PACKAGING COMPANY
(I) Street: 8201 WEST 42ND STREET
(J) City: ROCK ISLAND (K) State: ILLINOIS (L) Zip Code: 61201
(M) Phone: 309/757-0310 (N) County: ROCK ISLAND
(O) Owner: EXPORT PACKAGING COMPANY
(P) Street: 5420 RIVER DRIVE
(Q) City: MOLINE (R) State: ILLINOIS (S) Zip Code: 61265
(T) Phone: 309/757-0310 (U) County: ROCK ISLAND
(V) Date of Inspection: 4/23/84 (W) Time of Inspection (From) 10:15 AM (To) 12:45 PM
(X) Weather Conditions: RAINING TEMPERATURE MID 40'S.

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Rev. 3-6-81/J.B.

EPA Region 5 Records Ctr.



323922

(Y)	Person(s) Interviewed	Title	Telephone
	<u>DAVE COOPMAN</u>	<u>V.P. SALESMANAGER</u>	<u>309/757-0310</u>
	_____	_____	_____
	_____	_____	_____
(Z)	Inspection Participants	Agency/Title	Telephone
	<u>JACK HOLZER</u>	<u>EPA/DLPC EPS-1</u>	<u>815/987-7404</u>
	_____	_____	_____
	_____	_____	_____
(AA)	Preparer Information		
	Name	Agency/Title	Telephone
	<u>JACK HOLZER</u>	<u>EPA/DLPC EPS-1</u>	<u>815/987-7404</u>

II. SITE ACTIVITY:

Complete sections I through VII for all treatment, storage, and/or disposal facilities. Complete the forms (in parenthesis) in section VIII corresponding to the site activities identified below:

- | | |
|--|--|
| <u>I</u> A. Storage and/or Treatment
1. Containers (I)
2. Tanks (J)
3. Surface Impoundments (K)
4. Waste Piles (L) | ___ D. Incineration and/or Thermal Treatment
(O and P) |
| ___ B. Land Treatment (M) | ___ E. Chemical, Physical, and Biological
Treatment (Q) |
| ___ C. Landfills (N) | |

Note: If facility is also a generator or transporter of hazardous waste complete sections IX and X of this form as appropriate.

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III. GENERAL FACILITY STANDARDS:
(Part 265 Subpart B)

	Yes	No	NI*	Remark
(A) Has the Regional Administrator been notified regarding:				
1. Receipt of hazardous waste from a foreign source?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
2. Facility expansion?	<u> </u>	<u> </u>	<u> </u>	<u> </u>
(B) General Waste Analysis:				
1. Has the owner or operator obtained a detailed chemical and physical analysis of the waste?	<u> Y </u>	<u> </u>	<u> </u>	<u> </u>
2. Does the owner or operator have a detailed waste analysis plan on file at the facility?	<u> </u>	<u> Y </u>	<u> </u>	<u> </u>
3. Does the waste analysis plan specify procedures for inspection and analysis of each movement of hazardous waste from off-site?	<u> </u>	<u> Y </u>	<u> </u>	<u> </u>
(C) Security - Do security measures include: (if applicable)				
1. 24-Hour surveillance?	<u> Y </u>	<u> </u>	<u> </u>	<u> </u>
2. Artificial or natural barrier around facility?	<u> Y </u>	<u> </u>	<u> </u>	<u> </u>
3. Controlled entry?	<u> Y </u>	<u> </u>	<u> </u>	<u> </u>
4. Danger sign(s) at entrance?	<u> Y </u>	<u> </u>	<u> </u>	<u> </u>
(D) Do Owner or Operator Inspections Include:				
1. Records of malfunctions?	<u> Y </u>	<u> </u>	<u> </u>	<u> </u>
2. Records of operator error?	<u> Y </u>	<u> </u>	<u> </u>	<u> </u>
3. Records of discharges?	<u> Y </u>	<u> </u>	<u> </u>	<u> </u>

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III. GENERAL FACILITY STANDARDS - Continued

	Yes	No	NI*	Remarks
4. Inspection schedule?	---	Y	---	-----
5. Safety, emergency equipment?	Y	---	---	-----
6. Security devices?	Y	---	---	-----
7. Operating and structural devices?	Y	---	---	-----
8. Inspection log?	---	Y	---	-----
(E) Do personnel training records include: (Effective 5/19/81)				
1. Job titles?	Y	---	---	-----
2. Job descriptions?	---	Y	---	-----
3. Description of training?	---	Y	---	-----
4. Records of training?	---	Y	---	-----
5. Have facility personnel received required training by 5-19-81?	---	Y	---	-----
6. Do new personnel receive required training within six months?	---	Y	---	-----
(F) If required are the following special requirements for ignitable, reactive, or incompatible wastes addressed?				
1. Special handling?	Y	---	---	-----
2. No smoking signs?	Y	---	---	-----
3. Separation and protection from ignition sources?	Y	---	---	-----

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IV. PREPAREDNESS AND PREVENTION:
(Part 265 Subpart C)

(A) Maintenance and Operation
of Facility:

Is there any evidence of fire,
explosion, or release of
hazardous waste or hazardous
waste constituent?

Yes No NI* Remarks

— Y —

(B) If required, does the facility
have the following equipment:

1. Internal communications or
alarm systems?

Y — —

2. Telephone or 2-way radios
at the scene of operations?

Y — —

TELEPHONES

3. Portable fire extinguishers,
fire control, spill control
equipment and decontamination
equipment?

Y — —

Indicate the volume of water and/or foam available for fire control:

DRY SPRINKLER SYSTEM AND ROCK ISLAND AND MILAN FIRE DEPARTMENTS.

(C) Testing and Maintenance of
Emergency Equipment:

1. Has the owner or operator
established testing and
maintenance procedures
for emergency equipment?

Y — —

AN EX FIRE FIGHTER FROM
THE ROCK ISLAND FIRE DEPT. IS
THEIR SUFFICIENT OFFICER AND INSP
OR FOR ALL PLANT.

2. Is emergency equipment
maintained in operable
conditions?

Y — —

(D) Has owner or operator provided
immediate access to internal
alarms? (if needed)

Y — —

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(E) Is there adequate aisle space for unobstructed movement?

✓

V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES:
(Part 265 Subpart D)

(A) Does the Contingency Plan contain the following information:

Yes No NI* Remarks

1. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control, and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part (as applicable.)
2. Arrangements agreed by local police departments, fire departments hospitals, contractors, and State and local emergency response teams to coordinate emergency services pursuant to §265.37?
3. Names, addresses, and phone numbers (office and home) of all persons qualified to act as emergency coordinators?
4. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list and a brief outline of its capabilities?
5. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes, and alternate evacuation routes?)

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V. CONTINGENCY PLAN AND EMERGENCY PROCEDURES - Continued

	Yes	No	NI*	Remarks
(B) Are copies of the Contingency Plan available at site and local emergency organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
(C) Emergency Coordinator				
1. Is the facility Emergency Coordinator identified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is coordinator familiar with all aspects of site operation and emergency procedures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(D) Emergency Procedures				
If an emergency situation has occurred at this facility, has the Emergency Coordinator followed the emergency procedures listed in 265.56?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>NO EMERGENCY SITUATION HAS OCCURRED</u>

VI. MANIFEST SYSTEM, RECORDKEEPING, AND REPORTING (Part 265 Subpart E)

	Yes	No	NI*	Remarks
(A) Use of Manifest System				
1. Does the facility follow the procedures listed in §265.71 for processing each manifest?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are records of past shipments retained for 3 years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Does the owner or operator meet requirements regarding manifest discrepancies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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(C) Operating Record

1. Does the owner or operator maintain an operating record as required in 265.73? Y _ _
2. Does the operating record contain the following information:
 - **b. The method(s) and date(s) of each waste's treatment, storage, or disposal as required in Appendix I? Y _ _
 - c. The location and quantity of each hazardous waste within the facility? Y _ _
 - ***d. A map or diagram of each cell or disposal area showing the location and quantity of each hazardous waste? (This information should be cross-referenced to specific manifest number, if waste was accompanied by a manifest.) _ _ _
 - e. Records and results of all waste analyses, trial tests, monitoring data, and operator inspections? _ _ _
 - f. Reports detailing all incidents that required implementation of the Contingency Plan? _ Y _
 - g. All closure and post closure costs as applicable? (Effective 5-19-81) _ Y _

NO NEED FOR IMPLEMENTATION

** See page 33252 of the May 19, 1980, Federal Register.

*** Only applies to disposal facilities

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VII. CLOSURE AND POST CLOSURE (Part 265 Subpart G)

Yes	No	NI*	Remarks
-----	----	-----	---------

(A) Closure and Post Closure

1. Is the facility closure plan available for inspection by May 19, 1981?

2. Has this plan been submitted to the Regional Administrator

✓

3. Has closure begun?

_____ ✓ _____

4. Is closure estimate available by May 19, 1981?

✓

(B) Post closure care and use of property

Has the owner or operator supplied
a post closure monitoring plan?
(effective by May 19, 1981)

VIII. FACILITY STANDARDS (Part 265, Subparts I thru R)

I USE AND MANAGEMENT OF CONTAINERS

Facility Name: _____ Date of Inspection: _____

Yes	No	NI*	Remarks
-----	----	-----	---------

1. Are containers in good condition?

✓

2. Are containers compatible with waste in them?

Y

3. Are containers stored closed?

Y

4. Are containers managed to prevent leaks?

Y

5. Are containers inspected weekly for leaks and defects?

✓

6. Are ignitable & reactive wastes stored at least 15 meters (50 feet) from the facility property line? (Indicate if waste is ignitable or reactive.)

✓

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	Yes	No	NI*	Remarks
7. Are incompatible wastes stored in separate containers? (If not, the provisions of 40 CFR 265.17(b) apply.)	<u>Y</u>	<u>---</u>	<u>---</u>	<u>-----</u>
8. Are containers of incompatible waste separated or protected from each other by physical barriers or sufficient distance?	<u>---</u>	<u>---</u>	<u>---</u>	<u>N/A</u>

J
TANKS

Facility Name: -----

Date of Inspection: N/A

1. Are tanks used to store only those wastes which will not cause corrosion, leakage or premature failure of the tank?	<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>
2. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, or dikes or other containment structures?	<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>
3. Do continuous feed systems have a waste-feed cutoff?	<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>
4. Are waste analyses done before the tanks are used to store a substantially different waste than before?	<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>
5. Are required daily and weekly inspections done?	<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>
6. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>
7. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR 265.17(b) apply.)	<u>---</u>	<u>---</u>	<u>---</u>	<u>-----</u>

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8. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?

Tank capacity: N/A gallons

Tank diameter: _____ feet

Distance of tank from property line _____ feet

(See table 2 - 1 through 2 - 6 of NFPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance.)

K
SURFACE IMPOUNDMENTS

Facility Name: _____

Date of Inspection: N/A

1. Do surface impoundments have at least 60 cm (2 feet) of freeboard?
2. Do earthen dikes have protective covers?
3. Are waste analyses done when the impoundment is used to store a substantially different waste than before?
4. Is the freeboard level inspected at least daily?
5. Are the dikes inspected weekly for evidence of leaks or deterioration?
6. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a surface impoundment? (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)
7. Are incompatible wastes stored in different impoundments? (If not, the provisions of 40 CFR 265.17(b) apply.)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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L

WASTE PILES

Facility Name: _____

Date of Inspection: N/A

	Yes	No	NI*	Remarks
1. Are waste piles covered or protected from dispersal by wind?	---	---	---	-----
2. Is each in-coming movement of waste analyzed before being added to the waste pile?	---	---	---	-----
3. Are leachate, run-off, and run-on controlled as per the requirements of 265.258? (The effective date of this provision is Nov. 19, 1981.)	---	---	---	-----
4. Are reactive & ignitable wastes rendered non-reactive or non-ignitable before storage in a pile? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements.)	---	---	---	-----
5. Are piles of reactive or ignitable waste protected from materials or conditions that might cause them to ignite or react?	---	---	---	-----
6. Are incompatible wastes stored in different piles? (If not, the provisions of 40 CFR 265.17(b) apply.)	---	---	---	-----
7. Are piles of incompatible waste protected by barriers or distance from other waste?	---	---	---	-----

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M

LAND TREATMENT

Facility Name: _____

Date of Inspection: N/A

1. Is treated hazardous waste capable of biological or chemical degradation?

2. Are run-off and run-on diverted from the facility or collected? (Effective date: November 19, 1981)?

3. Is waste analyzed according to 265.273?

4. If food chain crops are grown at the facility, has the owner or operator addressed the requirements of 265.276?

5. Is an unsaturated zone monitoring plan designed and implemented to detect the vertical migration of hazardous waste and provide information on the background concentrations of the hazardous waste available?

6. Does the unsaturated zone monitoring plan address the minimum information specified in 265.278?

7. Are records kept regarding application dates and rates, quantities, and locations, of all hazardous waste placed in the facility?

8. Are the special requirements fulfilled regarding land treatment of ignitable or reactive wastes? (Indicate if waste is ignitable or reactive.)

9. Are incompatible wastes land treated? (If yes, 265.17(b) applies)

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N
LANDFILLS

Facility Name: _____

Date of Inspection: N/A

	Yes	No	NI*	Remarks
(A) General Operating Requirements				
Does the facility provide the following:				
**1. Diversion of run-on away from active portions of the fill?	---	---	---	-----
**2. Collection of run-off from active portions of the fill?	---	---	---	-----
**3. Is collected run off treated?	---	---	---	-----
4. Control of wind dispersal of hazardous waste?	---	---	---	-----
(**Effective 11-19-81)				
(B) Surveying and Recordkeeping				
Does the Operating Record Include:				
1. A map showing the exact location and dimensions of each cell?	---	---	---	-----
2. The contents of each cell and the location of each hazardous waste type within each cell?	---	---	---	-----
(C) Closure and Post-Closure				
1. Is the Closure Plan available for inspection by 5-19-81?	---	---	---	-----
2. Has this plan been submitted to the Regional Administrator?	---	---	---	-----
3. Has closure begun?	---	---	---	-----
4. Is closure cost estimate available by 5-19-81?	---	---	---	-----
(D) Special requirements for ignitable or reactive waste				
Are ignitable or reactive waste treated so the resulting mixture is no longer ignitable or reactive?				
_____	_____	_____	_____	_____

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	Yes	No	NI*	Remarks
(If waste is rendered non-reactive or non-ignitable see treatment requirements)				
If not, the provisions of 40 CFR 265.17(b) apply.	—	—	—	N/A
(E) Special Requirements for Incompatible Wastes.				
Does the owner or operator dispose of incompatible wastes in separate cells?	—	—	—	
If not, the provisions of 40 CFR 265.17(b) apply.	—	—	—	
(F) Special requirements for liquid waste (effective 11-19-81)				
1. Are bulk or non-containerized liquids placed in the landfill?	—	—	—	
2. Does the landfill have a chemically and physically resistant liner system?	—	—	—	
3. Does the landfill have a functional leachate collection system?	—	—	—	
4. Are free liquids stabilized prior to or immediately after placement in the landfill?	—	—	—	
(G) Special requirements for Containers (effective 11-19-81)				
Are empty containers crushed flat, shredded, or similarly reduced in volume before being buried beneath the surface of the landfill?	—	—	—	

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Yes No NI* Remarks

2. Has documented or written data been substituted for analysis of either:

a. Lead?

— — —

N/A

b. Mercury?

— — —

B. List other parameters for which the waste is tested to enable owner or operator to establish steady state or determine the types of pollutants which may be emitted. (Note in Remarks any which you feel should be tested.)

Remarks

1. _____

N/A

2. _____

3. _____

4. _____

5. _____

III. Monitoring and Inspections

Yes No NI* Remarks

A. Are combustion/emission control instruments monitored at least every 15 minutes?

— — —

N/A

B. Is steady state maintained or corrections attempted?

— — —

C. Is stack plume observed at least hourly for normal color and opacity?

— — —

D. Did any stack observations made by owner or operator show a plume different than normal?**

— — —

E. If yes to D above, were corrections made to return emissions to normal appearance?**

— — —

F. Are the complete unit and associated equipment inspected daily for leaks, spills, and fugitive emissions?

— — —

G. Are emergency shutdown controls and system alarms checked daily for proper operation?

— — —

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**Specify in Remarks for what period of time this was checked.

IV. Open Burning

A. Only complete this part if the facility open burns hazardous waste.

	Yes	No	NI*	Remarks
1. Does this facility burn <u>only</u> waste explosives? (A <u>No</u> answer means <u>other</u> hazardous waste is open-burned.)	—	—	—	N/A
2. If this facility open-burns waste explosives, does it burn the waste at a distance greater than or equal to the minimum specified distance (below)	—	—	—	S

Pounds of waste explosives or propellants	Minimum distance from open burning or detonation to the property of others		
0 to 100.....	204 m	670	ft
101 to 1,000.....	380 m	1,250	ft
1,001 to 10,000.....	530 m	1,730	ft
10,001 to 30,000.....	690 m	2,260	ft

Q

CHEMICAL, PHYSICAL and BIOLOGICAL TREATMENT

Facility Name: _____

Date of Inspection: _____

	Yes	No	NI*	Remarks
1. Is equipment used to treat only those wastes which will not cause leakage, corrosion, or premature failure?	—	—	—	N/A
2. Is a continuously fed system equipped with a means of hazardous waste inflow stoppage or control (e.g., cut-off system?)	—	—	—	RECEIVED

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	Yes	No	NI*	Remarks
3. Has the owner or operator addressed the waste analysis requirements of 265.402?	—	—	—	N/A
4. Are inspection procedures followed according to 265.403?	—	—	—	
5. Are the special requirements fulfilled for ignitable or reactive wastes?	—	—	—	
6. Are incompatible wastes treated? (If yes, 265.17(b) applies.)	—	—	—	

Note: EPA has temporarily suspended the applicability of the requirements of the hazardous waste regulations in 40 CFR Parts 122, 264 and 265 to owners and operators of (1) wastewater treatment tanks that receive, store, and treat wastewaters that are hazardous waste or that generate, store or treat a wastewater treatment sludge which is a hazardous waste where such wastewaters are subject to regulation under Sections 402 or 307(b) of the Clean Water Act (33 U.S.C. 1251 et seq.) and (2) neutralization tanks, transport vehicles, vessels, or containers which neutralize wastes which are hazardous only because they exhibit the corrosivity characteristic under 40 CFR §261.2 or are listed as hazardous wastes in Subpart D of 40 CFR Part 261 only for this reason

IX

Complete this section if the owner or operator of a TSD facility also generates hazardous waste that is subsequently shipped off-site for treatment, storage, or disposal.

1. MANIFEST REQUIREMENTS

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	✓	—	—	
(B) Do the manifest forms reviewed contain the following information: (If possible, make copies of, or record information from, manifest(s) that do not contain the critical elements)				
1. Manifest document number?	✓	—	—	
2. Name, mailing address, telephone number, and EPA ID Number of Generator	✓	—	—	

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	Yes	No	NI*	Remarks
3. Name and EPA ID Number of Transporter(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Name, address, and EPA ID Number of Designated permitted facility and alternate facility?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. The total quantity of waste(s) and the type and number of containers loaded?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Required certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Required signatures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) Does the owner or operator submit exception reports when needed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

2. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT Regulations? (Required prior to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required to movement of hazardous waste off-site)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(C) If required, are placards available to transporters of hazardous waste?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

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Omit Section 3 if the facility has interim status and its Part A permit application describes storage

3. On Site Accumulation

	Yes	No	NI*	Remarks
1. Are containers marked with start of accumulation date?	—	✓	—	—
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?	—	✓	—	—
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 Feet) from facility's property line?	✓	—	—	—
4. If wastes are stored in tanks, are the tanks managed according to the following requirements?				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?	—	—	—	N/A
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures?	—	—	—	—
c. Do continuous feed systems have a waste-feed cutoff?	—	—	—	—
d. Are required daily and weekly inspections done?	—	—	—	—
e. Are reactive & ignitable wastes in tanks protected or rendered non-reactive or non-ignitable? (If waste is rendered non-reactive or non-ignitable, see treatment requirements?	—	—	—	—
f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply)	—	—	—	—

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VI. RECORDKEEPING and REPORTING
(Part 262, Subpart D)

	Yes	No	NI*	Remarks
(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(B) Has the generator submitted Annual Reports and Exception Reports as required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

VII. INTERNATIONAL SHIPMENTS
(Part 262, Subpart E)

Has the installation imported or exported Hazardous Waste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
--	--------------------------	--------------------------	--------------------------	--

(If answered Yes, complete the following as applicable.)

- | | | | | |
|--|--------------------------|--------------------------|--------------------------|--|
| 1. Exporting Hazardous waste, has a generator: | | | | |
| a. Notified the Administrator in writing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| b. Obtained the signature of the foreign consignee confirming delivery of the waste(s) in the foreign country? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Met the Manifest requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Importing Hazardous Waste, has the generator: | | | | |
| Met the manifest requirements? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

*Not Inspected

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STATE OF ILLINOIS

X
TRANSPORTER REQUIREMENTS
40 CFR Part 263

Complete this Section if the owner or operator transports hazardous waste.

I. MANIFEST SYSTEM AND RECORDKEEPING
(Subpart B)

	Yes	No	NI*	Remarks
Are copies of the completed manifests or shipping paper(s) available for review and retained for three years?	—	—	—	N/A

II. INTERNATIONAL SHIPMENTS

A. Does the transporter record on the manifest the date the waste left the U.S.?	—	—	—	N/A
B. Are signed completed manifest(s) on file?	—	—	—	

V. MISCELLANEOUS

A. Does transporter transport hazardous waste into the U.S. from abroad?	—	—	—	N/A
B. Does the transporter mix hazardous waste of different DOT shipping descriptions by placing them into a single container?	—	—	—	N/A

NOTE: If (A) or (B) were answered "Yes" then the Transporter is also a Generator and must comply with the Generator regulations.

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REMARKS

Use this section to briefly describe site activities observed at the time of the inspection. Note any possible violations of Interim Status Standards.

THIS FACILITY PACKAGES FARM IMPLEMENT PARTS FOR INTERNATIONAL SHIPMENT. THE FACILITY ALSO DOES SOME PAINTING OF ITEMS TO BE SHIPPED.

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RCRA INSPECTION REPORT - INTERIM STATUS STANDARDS
Form B Generator Inspection*
(40 CFR Part 262)

I. General Information:*

(A) Installation Name: Export Packaging Company

(B) Street: 1700 1st Street

(C) City: Rock Island (D) State: Illinois (E) Zip Code: 61201

(F) Phone: (309) 793-4127 (G) County: Rock Island

(H) Date of Inspection: 5-15-85 Time of Inspection (From) 10:30A (To) 1:15P

(I) Weather Conditions: Damp and overcast 65⁰ F

(J) Person(s) interviewed	Title	Telephone
Dave Coopman	Sales Manager	793-4127

(K) Inspection Participants	Agency/Title	Telephone
<u>James J. Jones</u>	<u>IEPA/LSCT</u>	<u>691-2200</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

(L) Preparer Information

Name	Agency/Title	Telephone
James J. Jones	IEPA/LSCT	691-2200

*Do not use this form if Generator is also a treatment, storage, and/or disposal facility. Complete form "A" if the Generator is also a TSD facility.

II. BRIEFLY DESCRIBE SITE ACTIVITY

This facility packages farm implement parts for international shipment. It uses 1-1-1 Trichloroethane to clean parts it paints for John Deere, Caterpillar Tractor, and other customers. The trichlor is reused until spent.

Last year (1984) 20 drums of trichlor were generated by this facility according to their manifest system.

III. MANIFEST REQUIREMENTS (Subpart B)

	Yes	No	NI*	Remarks
(A) Does the operator have copies of the manifest available for review?	<u>X</u>	—	—	_____
(B) Do the manifest forms reviewed contain the following information? (If possible, make copies of, or record information from, manifests that do not contain the critical elements)				
1. Manifest document number?	<u>X</u>	—	—	_____
2. Name, mailing address, telephone number, and EPA ID number of generator?	<u>X</u>	—	—	_____
3. Name and EPA ID Number of transporter(s)?	<u>X</u>	—	—	_____
4. Name, Address, and EPA ID Number of designated permitted facility and alternate facility?	<u>X</u>	—	—	_____

	Yes	No	NI*	Remarks
5. The description of the waste(s) (DOT shipping name, DOT hazard class, DOT identification number)?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
6. The total quantity of waste(s) and the type and number of containers loaded?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
7. Required certification?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
8. Required signatures?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(C) Does the owner or operator submit exception reports when needed?	<u> </u>	<u> </u>	<u> </u>	<u>None Needed to Date.</u>

IV. PRE-TRANSPORT REQUIREMENTS

(A) Is waste packaged in accordance with DOT regulations? (Required prior to movement of hazardous waste off-site)	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(B) Are waste packages marked and labeled in accordance with DOT regulations concerning hazardous waste materials? (Required prior to movement of hazardous waste off-site)	<u> </u>	<u> </u>	<u> </u>	Unknown; have not been present prior to shipments off-site..
(C) If required, are placards available to transporter?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>
(D) Pre-shipment Accumulation:				
1. Are containers marked with start of accumulation date?	<u> </u>	<u>X</u>	<u> </u>	<u> </u>
2. Are the containers of hazardous waste removed from installation before they can accumulate for more than 90 days?	<u>X</u>	<u> </u>	<u> </u>	<u> </u>

	Yes	No	NI*	Remarks
3. Are wastes stored in containers managed in accordance with 40 CFR Part 265.174 and 265.176 (weekly inspections of containers, containers holding ignitable or reactive wastes located at least 15 meters (50 feet) from facility's property line)?	<u>X</u>	<u> </u>	<u> </u>	Inspection of containers are supposedly done daily by Mr. Epperson. Hazardous waste is stored inside of building.
4. If wastes are stored in tanks, are the tanks managed according to the following requirements:				
a. Are tanks used to store only those wastes which will not cause corrosion leakage or premature failure of the tank?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
b. Do uncovered tanks have at least 60 cm (2 feet) of freeboard, dikes, or other containment structures?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
c. Do continuous feed systems have a waste-feed cutoff?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
d. Are required daily and weekly inspections done?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
e. Are reactive and ignitable wastes in tanks protected from sources of reaction and ignition, or rendered non-reactive or non-ignitable? Indicate if waste is ignitable or reactive. (If waste is rendered non-reactive or non-ignitable, see treatment requirements)	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
f. Are incompatible wastes stored in separate tanks? (If not, the provisions of 40 CFR §265.17(b) apply)	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>
g. Has the owner or operator observed the National Fire Protection Association's buffer zone requirements for tanks containing ignitable or reactive wastes?	<u> </u>	<u> </u>	<u> </u>	<u>N/A</u>

*Not Inspected

Record the following information:

Tank capacity? _____ gallons

Tank diameter? _____ feet

Distance of tank from property line? _____ feet

(see tables 2-1 through 2-6 of NEPA's "Flammable and Combustible Liquids Code - 1977" to determine compliance)

V Training, Emergency Procedures

	YES	NO	NI*	Remarks
A. Do Personnel training records include: (Effective 5/19/81)				
1. Job Titles?	<u>X</u>	_____	_____	_____
2. Job Descriptions?	<u>X</u>	_____	_____	_____
3. Description of training?	<u>X</u>	_____	_____	_____
4. Records of training?	<u>X</u>	_____	_____	_____
5. Have facility personnel received required training by 5-19-81?	<u>X</u>	_____	_____	_____
6. Do new personnel receive required training within six months?	<u>X</u>	_____	_____	_____
B. Preparedness and Prevention (Part 265, Subpart C)				
1. Maintenance and Operation of Facility:	_____	_____	_____	_____
a. Is there any evidence of fire, explosion, or release of hazardous waste or hazardous waste constituent?	_____	<u>X</u>	_____	_____

2. If required, does this facility have the following equipment?

a. Internal communications or alarm systems?

b. Telephone or 2-way Radios at the scene of operations?

c. Portable fire extinguishers, fire control, spill control equipment and decontamination equipment?

X

X

X

Telephones

X

Indicate the volume of water and/or foam available for fire control

The entire building is protected against fire by a sprinkler system with heads for coverage of every 100 sq. ft., there are 15 dry chemical fire extinguishers mounted on support columns with coverage of every 100 sq. ft.

3. Testing and Maintenance of Emergency Equipment:

a. Has the owner or operator established testing and maintenance procedures for emergency equipment?

b. Is emergency equipment maintained in operable condition?

Mr. Epperson is the Safety Coordinator for this facility.

Fire extinguishers are checked yearly by Wakeland Fire Equipment Company.

4. Has owner/operator provided immediate access to internal alarms (if needed)?

No internal alarms are used, just telephones.

5. Is there adequate aisle space for unobstructed movement?

X'

C. Contingency Plan and Emergency Procedure (Part 265, Subpart D)

1. Does the contingency plan contain the following:

a. The actions facility personnel must take to comply with §265.51 and 265.56 in response to fires, explosions, or any unplanned release of hazardous waste? (If the owner has a Spill Prevention, Control and Countermeasures (SPCC) Plan, he needs only to amend that plan to incorporate hazardous waste management provisions that are sufficient to comply with the requirements of this Part as applicable)

X

b. Arrangements agreed to by local police departments, fire departments, hospitals, contractors, and State and local emergency response teams to coordinate emergency services, pursuant to §265.37?

X

c. Names, addresses, and phone numbers (Office and Home) of all persons qualified to act as emergency coordinator.

X

d. A list of all emergency equipment at the facility which includes the location and physical description of each item on the list, and a brief outline of its capabilities?

X

During the inspection, brooms, squeegees, covered trash containers, etc. were not in it's designated location as per the contingency plan.

e. An evacuation plan for facility personnel where there is a possibility that evacuation could be necessary? (This plan must describe signal(s) to be used to begin evacuation, evacuation routes and alternate evacuation routes.

X

The plan does not describe signal(s) to be used to begin evacuation.

2. Are copies of the Contingency Plan available at site and local emergency organizations?

X

3. Emergency Coordinator

a. Is the facility emergency Coordinator identified?

X

b. Is coordinator familiar with all aspects of site operation and emergency procedures?

X

c. Does the Emergency Coordinator have the authority to carry out the Contingency Plan?

X

4. Emergency

If an emergency situation has occurred at this facility, has the emergency coordinator followed the emergency procedures listed in §265.56?

 No emergencies have occurred

VI. RECORDKEEPING AND REPORTING
(Part 262, Subpart D)

(A) Are Manifests, Annual Reports, Exception Reports, and all test results and analyses retained for at least three years?

X

(B) Has the generator submitted Annual Reports and Exception Reports as required?

X

No exception reports have been required to date.

VII. INTERNATIONAL SHIPMENTS
(Part 262 Subpart E)

(A) Has the installation imported or exported hazardous waste?

 X

(If A was answered Yes, then complete the following as applicable.)

1. Exporting Hazardous waste,
has a generator:

a. Notified the Administrator
in writing? _____

b. Obtained the signature of the
foreign consignee confirming
delivery of the waste(s) in the
foreign country? _____

c. Met the Manifest requirements? _____

2. Importing Hazardous Waste,
has the generator:

Met the manifest requirements? _____

VIII. Remarks

REMARKS: Mr. Coopman was very cooperative and appeared to understand the
regulations as they pertained to generators of hazardous waste. There were
a few problems in the areas of labeling, marking, and putting the accumulation
date(s) on containers as part of the pre-transport requirements. These pro-
blems were discussed with Mr. Coopman and are addressed in the CIL-
Mr. Coopman said that he would resolve the problems.

There were a few problems with the contingency plan--equipment not
being in it's proper location (if the equipment exist- brooms, squeegees,
covered trash containers, etc.) The plan does not describe signal(s) to be
used to begin evacuation, evacuation routes, and alternate evacuation routes.

16106518

NON-NOTIFICATION AND NON-FILER DISPOSTION FORM

1. Non-Notifier _____ Non-Filer ☒
2. U.S.E.P.A. ID Number for Non-Filers ILD 038 409975
3. Name of Facility: EXPORT PACKAGING COMPANY
Facility Mailing Address: 8201 WEST 42ND ST.
ROCK ISLAND IL 61201
City or Town State Zip Code
4. Location of Facility: SAME AS ABOVE

City or Town State Zip Code
5. Facility Contact: DAVE COOPMAN - VP SALES MANAGER
Name and Title
Phone Number: 309/757-0310
Area Code and Number
6. Type of Hazardous Waste Activity if Determined:
____ Generation _____ Transportation
☒ Treat/Store/Dispose (Circle Applicable Activities)
____ Underground Injection
7. Description of State Follow-up Action (Including Name of State Assignee, File Data Reviewed, Person(s) Contacted by State, Date(s) and Type of Contact(s), and Information Obtained): SEE ATTACHED RCRA INSP. - STATE ASSIGNEE = JACK HOLZER & HEIDI HANSON
8. List of Significant Apparent Violations: 722.134, 722.131, 722.132, 725.116, 725.151, 725.110, 725.137 & 725.212
9. List of Supporting Documents Attached: RCRA INSP DATED 4/23/84, CIL DATED 5/18/84

TO BE COMPLETED BY ENFORCEMENT SECTION

10. Type of Enforcement Action Recommended :
11. Disposition Form Signed and Dated by State Enforcement Section: